

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2897HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2008
NAME OF PROVIDER OR SUPPLIER DEL'S LOVING HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3065 ACHILLES DR RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comment</p> <p>This Statement of Deficiencies was generated as a result of a Complaint Investigation conducted in your facility from 9/17/08 to 9/24/08.</p> <p>This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was one.</p> <p>Complaint NV00019121 was substantiated.</p>	H 000		
H 014	<p>Director Duties-Dignity, Respect; Not Abused</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (a) Are treated with dignity and respect and are not abused, neglected or exploited.</p> <p>This Regulation is not met as evidenced by: Based on observation and interviews from 9/17/08 to 9/24/08, the facility failed to maintain the water and phone utilities for 1 of 1 residents.</p>	H 014		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 014	Continued From page 1 Findings include: Resident #1 reported she paid the facility for her room, board and care. The Bureau received a complaint concerning the facility's water having been turned off by the local utility company. It was confirmed with Truckee Meadows Water District that the facility's water had been shut off at 10:27 AM on 9/2/08 and then turned back on at 10:39 AM on 9/3/08, due to failure to pay the bill. The resident reported the director brought water to the house from another facility and gave her ice chips while the water was turned off. The water was working during the two onsite visits on 9/17/08 and 9/24/08. The Bureau was also notified that the facility no longer had a phone. Resident #1 reported the caregivers let her use their personal cell phones if she needed to make a call. Employee #1 stated the facility no longer had a "land line" phone, but the director had purchased a cellular phone with unlimited minutes to be used at the facility. The cellular phone number does not match the phone number listed in the records maintained by the Bureau. The Director reported she was training her son, Employee #2, to take over running the facility and that she had put the utilities in his name. She stated her son had forgotten to pay the bills but the situation had been rectified. She stated she would have the land line phone reconnected and provide the phone number to the Bureau.	H 014		
H 019	Director Duties-Qualified Caregiver NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of	H 019		

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H 019	<p>Continued From page 2</p> <p>meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 9/17/08, the director did not ensure 1 of 2 caregivers had evidence of current training in first aid and 2 of 2 caregivers had evidence of current training in cardiopulmonary resuscitation (CPR) training.</p> <p>Findings include:</p> <p>Employee #1 was on duty and report both his first aid and CPR training were expired. He provided evidence of certification cards that had expired in May of 2008. Employee #1 stated that Employee #2 was on the second floor of the home and his trainings were current. The file for Employee #2 contained a first aid card that indicated he attended training on 2/9/08. There was no evidence of a CPR card in his file and the employee did not make himself available during the survey.</p>	H 019			
H 030	<p>Safety & Sanitation-Home Clean; Hazard Free</p> <p>NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249)</p> <p>1. The interior and exterior of a home must be clean and free of hazards and offensive odors.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 9/17/08, the facility failed to ensure all smoke detector were in working order.</p>	H 030			

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H 030	Continued From page 3 Findings include: On 9/9/08, the Bureau received a complaint concerning the lack of a smoke detector in the bedroom of Resident #1. On 9/17/08, a bracket for a battery operated smoke detector was observed on the ceiling of Resident #1's bedroom. Employee #1 reported he had been told the smoke detector was removed from the room because it was "chirping" and needed a new battery. The employee stated he did not know why the smoke detector battery had not been replaced, found a battery and reinstalled the smoke detector.	H 030		
H 034	Safety and Sanitation-Food Prep, Storage NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (d) Equipment that is sufficiently clean and adequate for the preparation, service and storage of food; This Regulation is not met as evidenced by: Based on observation on 9/17/08, the facility failed to ensure kitchen equipment was clean and adequate for the preparation, service and storage of food. Findings include: There were ants on the kitchen counter and floor. The stove top and oven had an accumulation of grease that needed to be cleaned. Flies were in the kitchen and dining area. The shelves and doors of the refrigerator/freezer had food residue that needed to be cleaned Food products, open packages of food, and fast food containers were	H 034		

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H 034	Continued From page 4 stored haphazardly in both compartments of the refrigerator/freezer. The bottom plastic drawer of the refrigerator was overflowing and was broken.	H 034			

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